



**STATE OF TENNESSEE**  
**TENNESSEE STUDENT ASSISTANCE CORPORATION**  
SUITE 1950, PARKWAY TOWERS  
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NASHVILLE, TENNESSEE 37243-0820  
(615)741-1346 • 1-800-342-1663 • FAX (615)741-5555

**APPLICATION – CHRISTA MCAULIFFE SCHOLARSHIP PROGRAM**

Type or print in ink. All information must be provided in order to have your application processed. Applicants must have completed at least the 1<sup>st</sup> semester or 2<sup>nd</sup> quarter of their college junior year with a 3.5 CGPA. **The application must be received at TSAC by April 1.**

1. Name \_\_\_\_\_  
Last First Middle
2. Social Security No. \_\_\_\_\_
3. Birth date \_\_\_\_\_  
Month Day Year
4. Are you a Tennessee resident? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Permanent Home Address \_\_\_\_\_  
Street City State Zip
6. Telephone (\_\_\_\_) \_\_\_\_\_
7. Birth Place (city, state) \_\_\_\_\_
8. Sex (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female
9. Race (check one) \_\_\_\_\_ African American \_\_\_\_\_ Oriental American  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Spanish American  
\_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_
10. County of Legal Residence \_\_\_\_\_
11. For what state do you hold a driver's license? \_\_\_\_\_
12. What score did you achieve on the ACT or SAT? \_\_\_\_\_ ACT \_\_\_\_\_ SAT  
Note: The score must either appear on your transcript or be sent to TSAC by the testing agency.

**HIGH SCHOOL INFORMATION**

13. Where did you receive your diploma? \_\_\_\_\_  
Name of School
- \_\_\_\_\_
- School Address (Street/City/State/Zip)
14. High School Graduation Date \_\_\_\_\_
15. H.S. Cumulative Grade Point Average \_\_\_\_\_

**COLLEGE OR UNIVERSITY INFORMATION**

16. What institution are you attending to earn your teaching credentials?  
\_\_\_\_\_  
Name of School and School Address
17. At what level do you plan to teach? \_\_\_\_\_ Preschool \_\_\_\_\_ Elementary \_\_\_\_\_ High School
18. What discipline do you plan to teach? \_\_\_\_\_ Science \_\_\_\_\_ Special Education  
\_\_\_\_\_ Art \_\_\_\_\_ Mathematics \_\_\_\_\_ Preschool Generalist \_\_\_\_\_ Elementary Generalist  
\_\_\_\_\_ Music \_\_\_\_\_ Social Sciences \_\_\_\_\_ Natural Sciences \_\_\_\_\_ Language  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

19. In what state do you plan to teach? \_\_\_\_\_ Tennessee \_\_\_\_\_ Other (List, if known) \_\_\_\_\_
20. What is your college cumulative grade point average at the beginning of the current Spring term, on a 4.0 scale? \_\_\_\_\_  
[Note: You must send an official copy of your college transcript to TSAC by April 1<sup>st</sup> .
21. What is your projected college graduation date? \_\_\_\_\_ (Month/Year)
22. List any academic or service clubs or editorial staffs you are or were a member of while in college, through the junior year. Give the length of time you were a member. List any office, chairperson, or editor positions you held and the length of time you held them.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
23. Note: Please attach a separate written statement of your intention to teach in a Tennessee K-12 school.

**CERTIFICATION BY THE APPLICANT**

I understand that this application must be completed in full and submitted to TSAC by April 1<sup>st</sup> to be considered. I realize that it must be supported by an official copy of my college transcript and an official notification of my SAT and/or ACT scores. The college grades must include all grades up to, but not including, the current Spring term. I certify that I have read this application and that it is accurate and complete to the best of my knowledge. I further agree to provide, upon request, any other documentation necessary to verify such information. I also authorize the education institutions concerned to release to TSAC or to its agents any information requested by such persons pertinent to this scholarship (i.e. enrollment status, current address, academic grades achieved, etc.) I affirm that any funds obtained as a result of this application will be used solely for my expenses related to attendance at the educational institution named herein.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TYPE OR PRINTED NAME OF APPLICANT

**CERTIFICATION BY SCHOOL EDUCATION DEPARTMENT OFFICIAL**

I have reviewed the foregoing completed application. I hereby certify that, to the best of my knowledge, it is accurate and complete.

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TITLE OF SCHOOL OFFICIAL